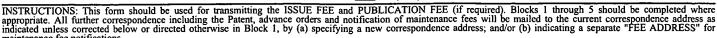
## PART B - FEE(S) TRANSMITTAL

FFB 1 5 7006 complete and send this form, together with applicable fee(s), to: <u>Mail</u>

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(Depositor's name)	MENNALTE
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(Date)	2-/3-06

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,056	09/11/2003	William H. Fissell IV	UM-08332	7294

TITLE OF INVENTION: ULTRAFILTRATION MEMBRANE, DEVICE, BIOARTIFICIAL ORGAN, AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	02/14/2006
EXAM	MINER	ART UNI	IT	CLASS-SUBCLASS		
LAWRENCE	JR, FRANK M	1724		210-645000		•
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the na or agents (2) the narregistered 2 registered listed, no	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	nt attorneys 1 // / / / / / / / / / / / / / / / / /	N & CARPBUL, LL
PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN  Regents of y  CLEVELLAD C	s an assignee is identified be a 37 CFR 3.11. Completion	elow, no assigned cof this form is NOT  (B)  (C)  (C)  (C)  (C)  (C)	data will app a substitute RESIDENC ANN	cear on the patent. If an assign for filing an assignment.  CE: (CITY and STATE OR OB)  ABJUR MI  01  02		700.00 OP 300.00 OP
4a. The following fee(s) are	enclosed:	4b.	Payment of A check Payment The Dire		is attached.  harge the required fee(s), or	credit any overpayment, to opp of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMAl		
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